

Animal Control • Attack/Bite Investigation Form

Attack/Bite Case # _____ Date _____ Time _____ AM/PM

Address Contacted _____

Person Contacted _____
 Victim Friend Relation _____
 Owner Friend Relation _____

- Initial Contact, See Bite Report No Previous Contact With This Person, Description Needed
 Phone Contact Previous Contact, No Further Description Needed
 Doorcard Left, But No Personal Contact Made, Description Needed
 Other _____

Home Address _____ Zip _____ Victim's Age _____

Ho Phone _____ Wk Phone _____ Owner DOB _____

Dog Cat Other _____ Name _____ Sex _____ Age _____

Breed _____ Color _____ Lic # _____

- | | | |
|---|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Owner Claimed Animal</p> <p><input type="checkbox"/> <input type="checkbox"/> Owner Knew About Bite/Attack</p> <p><input type="checkbox"/> <input type="checkbox"/> ACO Saw Animal</p> <p><input type="checkbox"/> <input type="checkbox"/> ACO Heard Animal</p> <p><input type="checkbox"/> <input type="checkbox"/> Owner Was Cooperative</p> | <p>Def/</p> <p>Cite Warn</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Issued by ACO</p> <p><input type="checkbox"/> <input type="checkbox"/> To Place Under Observation</p> <p><input type="checkbox"/> <input type="checkbox"/> License</p> <p><input type="checkbox"/> <input type="checkbox"/> At Large</p> <p><input type="checkbox"/> <input type="checkbox"/> Dangerous Dog</p> <p><input type="checkbox"/> <input type="checkbox"/> Injuring/Destroying Property of Others</p> <p><input type="checkbox"/> <input type="checkbox"/> Other _____</p> |
|---|--|--|

ACO:

- Left Doorcard
- Requested LPD Assistance
- Talked to Neighbors
- Talked to Witnesses
- Patrolled, Looking for Animal
- Set/Checked Trap
- Told Owner to Contact Office
- Sold License
- Gave HOB
- Collected Deposit/Fees \$ _____
- Saw Wound/Injury

Animal Was:

- Stray
- Wild
- Not Found
- Unable to Apprehend
- Tranquilized
- Acting Aggressive
- Mother with Young
- Injured Before Bite
- Delivered to Humane Society
- Delivered to Veterinarian
- Delivered to State Lab
- Already Boarded at _____

Victim:

- Also Owner/Relative
- Identified Animal
- Unable to Identify Animal
- Was Told to Contact Physician
Dr. _____
- Was Told to Clean Wound for 5 Minutes
- Questionable
- Skin Not Broken/Did Not Bleed

ACO Explained:

- Why Observation is Necessary
- 24-Hours or Citation Issued for Failure to Observe
- Owner's Responsibility to Place
- Owner's Liability for Damages
- Surrender Form
- State Lab Procedure
- Home Observation Requirements
- Boarding/Check by Vet
- Rabies Transmission/Results
- Vicious Animal
- Dangerous & Potentially Dangerous Dog

Owner:

- Visiting, Lives Out of Town
- Is on Vacation
- Lives in County

Comments _____

I hereby swear that the above described animal did bite me (or my ward).

Date _____ Parent/Guardian _____

Date _____ Victim _____ ACO Initials _____